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Office of the Sheriff

BRUNSWICK COUNTY, NORTH CAROLINA

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Addendum #1
Responses to Questions
RFP: Detention Center Health Care Services
October 23, 2023

Several questions about the current inmate health care services provider's staff and salaries were submitted. These records are not the records of the Brunswick County Sheriff's Office and therefore, cannot be answered.

QUESTION SUBMISSION #1

1. Please verify the address for proposal shipping to ensure timely delivery by courier such as FedEx. Will the P.O. Box indicated accept delivery by FedEx? **70 Stamp Act Drive, Bolivia, NC 28422**
2. Do you wish to retain any of the current medical staff? **Yes**
3. Can you provide current staff's salary range and seniority with the current vendor? **Not our record**
4. How many officers currently work at the Brunswick County Detention Center? **81**
5. Is the health services provider responsible for the cost of all drug screenings for employees at the facility? **Only responsible for their staff.**
6. Who is/are your current physician(s) and would you like the vendor to work with this physician if possible? **This is contracted through the provider.**
7. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician? **Yes**
8. Is the practitioner required to have a Medicaid Number? **Yes**
9. What are the current salaries for the nurse? **Not our record.**
10. Are any medications allowed to be brought in from home? **No, unless HSA approves.**
11. Please provide a listing of current medical commissary items. **See additional links.**
12. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract? **Medical provider; yes**
13. Are there specific times that jail security does not want inmate/detainee movement for sick call?
 - a. If so, when? **11pm – 6am**
14. Do you currently do TB screening by asking questions and/or TB skin test? **Both**

15. Are there any special business license fees or taxes that are to be paid to the city or county? **To our knowledge no, but the Sheriff's Office is not an entity to impose a tax or fee like this.**
16. Do you currently have a financial limit (POOL) with the current contract? **Yes**
a. If so, what does it cover and how much is it? **See additional links for contract.**
17. Have you gone over the financial limit (POOL)? **N/A; current vendor budgets for portion of pool every month.**
a. If so, how many months into the contract was it before you went over the limit? **N/A; current vendor budgets for portion of pool every month.**
b. If so, how much over the financial limit (POOL) did you go over every year? **Varies year to year.**
18. Would you like the new contractor to re-price all medical claims? **The contractor shall mitigate medical claims in accordance with state statutes. Current vendor provides this service.**
19. Do you have a state statute that you reprice to? **NCGS 153A-225.2**
20. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory? **Not our record.**
21. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)? **Review and apply discounts; the Sheriff's Office processes the invoice for the County.**
22. Is there a dedicated fax line to medical? **Yes**
a. If not, is a fax line available?
23. How many desktop computers do the medical staff currently use? **4**
24. How many laptops do the medical staff currently use? **2**
25. How many scanners do the medical staff currently use? **2**
26. How many printers do the medical staff currently use? **3**
27. Is the facility currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. **No**
28. Is crisis intervention available 24 hours per day/7 days per week?
☒ **X** Yes ☐ No
29. Indicate the level of screening for inmates/detainees at your facility. (Check all that apply)
☒ **X** Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
☐ Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.
☒ **X** Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
☐ Other (please explain) _____
30. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.)
☒ **X** Yes, by whom? **Jail supervision, medical staff, and mental health professional.**

____ No

31. Is staff required to use a prescribed form when making mental health referrals?

____ Yes ____ No **Jail staff will write an incident report.**

32. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues?

____ Yes ____ No **Detention staff answers an initial observation form checklist; some information comes from the arresting officer.**

33. Does your facility staff receive ongoing training on mental health issues?

X Yes, How often? (please explain) **Yearly in-service training.**

34. Does your jail staff receive ongoing training on suicide prevention issues?

X Yes, How often? (please explain) **Yearly in-service training.**

35. Will the county want the vendor to do CPR and AED training with their staff at the Jail? **No.**

QUESTION SUBMISSION #2

1. The listed delivery address is a PO Box, however Fed Ex does not deliver to these kinds of addresses. Can the county confirm a physical address to use for delivery of our proposal?
70 Stamp Act Drive, Bolivia, NC 28422
2. Can the county confirm the anticipated start date of services? **Please see RFP.**
3. Can we receive a copy of the current weekly medical staffing matrix to include all provider, dental, mental health, medical staff, and administrative staff for the medical program? Please include any amended staffing personnel that may have been added in the last year.
Please see attached/additional links for contract that references staffing matrix.
4. Are there any open positions currently? If yes, which positions? **Not our record.**
5. Does the county currently have a Medication Assisted Treatment (MAT) Program in place as well as local resources to support this? If yes, on an average how many patients are in this program per month? **We do not have MAT.**
6. Who is the current pharmacy provider for the medical program? **Not our record; part of responsibilities of current provider.**
7. Does the county have an outside cost pool limitation currently? If yes, what is that current limit? **Please see attached/additional links for contract.**
8. Has the county gone over this outside cost pool limitation? **N/A; current vendor budgets for portion of pool every month.**
9. How many sheriff's office staff physicals are performed on a monthly or yearly basis? **None.**
10. Who is the current dentist for on-site dental services? Is this to be under the medical vendors contract? **Not our record – contracted by current provider.**
11. Would the County allow an exception for the vendor to carry Pollution Liability Insurance? **Yes that coverage does not apply to this RFP.**